

**RECEIVED
CENTRAL FAX CENTER****AUG 24 2007****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/787,342
Inventor(s) : Howard David Hutton, III
Filed : February 26, 2004
Art Unit : 1751
Examiner : Lorna M. Douyon
Docket No. : AA-615M
Confirmation No. : 3969
Customer No. : 27752
Title : A CLEANING KIT AND/OR DISHWASHING KIT
CONTAINING A FOAM-GENERATING DISPENSER AND A CLEANING AND/OR
DISHWASHING COMPOSITION

PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. § 1.136(a)

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

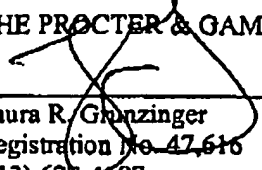
An extension of time is hereby requested under the provisions of 37 CFR 1.136(a)
for filing a reply in the above-identified application.

Authorization is hereby given to charge the following fee and any additional fees
which may be required, or credit any overpayment, to Deposit Account Number 16-2480
in the name of The Procter & Gamble Company:

Four month extension under 37 CFR 1.17(a)(3).

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY

By 
Laura R. Glanzinger
Registration No. 47,616
(513) 627-4597

Date: August 24, 2007
Customer No. 27752

Adjustment date: 08/06/2008 CKHLOK
10/18/2007 SSITHIB1 00000063 162480 10787342
01 FC:1801 810.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 08/05/08		2 Serial/Patent # 10787342									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
X	Other RCE		10/16/07	\$ 810.00							
		7 TOTAL AMOUNT OF REFUND		\$ 810.00							
		8 TO BE REFUNDED BY:									
		Treasury Check									
10 REASON:		X	Credit Deposit A/C #:								
	Overpayment										
X	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>			1	6	--	2	4	8	0
1	6	--	2	4	8	0					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Joan Olszewski		TITLE: Petition Examiner									
SIGNATURE: _____		PHONE: 571-272-7751									
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED:		DATE: 8/6/08									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**